



KATE CORBETT SUMMONS DOCKET NUMBER [REDACTED] Essex District Attorney's Office

SESSION: CRIMINAL

NAME, ADDRESS AND ZIP CODE OF DEFENDANT  
[REDACTED]

NAME AND ADDRESS OF COURT DIVISION

Lynn District Court  
580 Essex Street  
Lynn, MA 01901

YOU  
APPI  
THIS COURT  
ADDRESS ON  
THE DATE AND  
TIME  
SPECIFIED  
HERE

NAME, ADDRESS AND ZIP CODE OF WITNESS

**Kate Corbett**  
C/O Dph State Laboratory Institute  
305 South Street  
Jamaica Plain, Ma 02130

DATE AND TIME OF APPEARANCE  
10/20/2011 8:45 AM

OFFENSE(S)  
DRUG, POSSESS CLASS A c94C §34

/ mg

**TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH:**

You are hereby commanded to forthwith serve the annexed summons upon the witness named within by delivering it to the witness personally, or by leaving it at the dwelling house or usual place of abode of the witness with some person of suitable age and discretion then residing therein, or by mailing it to the last known address of the witness.

NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.

**TO THE ABOVE NAMED WITNESS:**

You are hereby ordered to appear in this Court on the appearance date noted above to give evidence and testify on behalf of the Commonwealth in the matter described above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you:

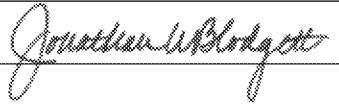
LAB NUMBER: [REDACTED] CONTACT : 781-599-8094

**WARNING TO WITNESS:**

Failure to appear in accordance with this summons may result in the issuance of a warrant for your arrest. **PLEASE BRING THIS DOCUMENT WITH YOU TO COURT.**

**ATENCION:**

Esta es una notificación oficial de la corte.  
Si usted no sabe leer inglés, obtenga traducción!

WITNESS:	District Attorney Jonathan W. Blodgett	Date Issued 08/05/2011	
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I hereby certify that I served the within summons upon the above named Witness by

- Delivering a copy of it personally to the witness.
- Leaving a copy of it at the dwelling house or usual place of abode of the witness with a person of suitable age and discretion residing therein.
- Mailing a copy of it to the last known address of the witness.
- I received the summons on \_\_\_\_\_ but I was unable to make service because: \_\_\_\_\_

DATE RECEIVED

DATE OF SERVICE	SIGNATURE OF PERSON MAKING SERVICE	TITLE OF PERSON MAKING SERVICE
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